

Summary of the Report of  
The House Interim Committee on Quality Nursing Services and Patient Care  
Representative Joan Barry, Chair

December, 1999

**Nurse Staffing Levels**

- All licensed acute care facilities should establish staffing methodologies that provide for an appropriate mix of licensed and unlicensed staff, to help insure quality patient care;
- The Missouri Hospital Association and the Missouri Association of Nurses should collaboratively develop minimum staffing level guidelines, connected to quality of care outcomes, and present these guidelines to the Department of Health (DOH) and the General Assembly by October 1, 2000;
- It may be advisable for the DOH to promulgate rules requiring minimal staffing plans as a part of hospital licensure; or to codify minimal staffing levels for hospitals in state statutes.

**Use of Untrained or Unlicensed Staff**

- Limit hospital staff to providing services for which they are trained, licensed, or both;
- Staff should have clear, competent supervision from a physician, an experienced licensed registered nurse, or other appropriate superior;
- There should be appropriate oversight of staffing assignments within hospitals; and the inclusion by hospitals in their licensure documentation to the DOH of the staffing assignments and oversight plans used; and
- Hospitals should be required to include in their licensure documentation their plans for remedial and ongoing staff training among all levels of personnel.

**Whistleblower Protections**

- Whistleblower protections need to be enacted into state statute, modeled after the language contained in House Committee Substitute for House Bill 129 & 108 (1999);
- The DOH should (1) seek additional staff for investigating health care-related complaints, in particular for those complaints alleging whistleblower retaliation; and (2) propose to the General Assembly intermediate sanctions available to the department to effectively insure that hospitals are in compliance with state regulations and statutes. Such sanctions would apply to violations of state licensing regulations, including whistleblower retaliation.

**Prevention of Needlestick Injuries**

The Committee recommends that the DOH:

- determine the number of hospitals with needlestick injury prevention training programs;
- make available suitable training programs to those hospitals without such training in place;
- develop regulations requiring initial and ongoing safety training at all hospitals, which includes needlestick injury prevention; and
- assess and evaluate the varieties of technologies available to help minimize accidental needlesticks, and report to the General Assembly on the reported effectiveness of these technologies.

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